

# Community Development On-line Master's Program Planning Sheet

## Iowa State University

Student Name:

Semester/Year entered program:

Please look through the course schedule in your packet and indicate on the table below the courses you hope to take throughout the program. Also, circle the appropriate semester and write in the coordinating year. Once completed, please make a copy for your records and then send a copy to Susan Fey, 107 Curtiss Hall, Iowa State University, Ames, Iowa 50011 or email it to: [susanfey@iastate.edu](mailto:susanfey@iastate.edu). This will be a helpful tool for you and your advisor as you complete the program requirements.

<b>Semester 1</b> Fall Summer Spring <b>Year:</b>	<b>Semester 2</b> Fall Summer Spring <b>Year:</b>	<b>Semester 3</b> Fall Summer Spring <b>Year:</b>	<b>Semester 4</b> Fall Summer Spring <b>Year:</b>	<b>Semester 5</b> Fall Summer Spring <b>Year:</b>	<b>Semester 6</b> Fall Summer Spring <b>Year:</b>	<b>Semester 7</b> Fall Summer Spring <b>Year:</b>	<b>Semester 8</b> Fall Summer Spring <b>Year:</b>
<b>Course(s)</b>	<b>Course(s)</b>	<b>Course(s)</b>	<b>Course(s)</b>	<b>Course(s)</b>	<b>Course(s)</b>	<b>Course(s)</b>	<b>Course(s)</b>
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